2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2004 08:00 AM Secretary of State DOCUMENT # P01000015020 1. Entity Name THE BENEFITS PLACE, INC. Principal Place of Susiness Malling Address 8283 SW SKIPPER DRIVE 8283 SW SKIPPER DRIVE STUART, FL 34997 STUART, FL 34997 CR2E034 (10/03) No Chg-P 01122004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1076692 Not Applicable \$8.75 Additional S. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE WIEGENSTEIN, ROBERT D 8283 SW SKIPPER DRIVE **STUART, FL 34997** IN THIS SPACE 5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) CATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WIEGENSTEIN, ADRIANNE K MARKE U00000050644 02/16/04-80019-021 150.00 8283 SW SKIPPER DRIVE STREET ADDRESS STUART, FL 34997 CHY-ST-ZIP ISSE WIEGENSTEIN, ROBERT D NAME 8283 SW SKIPPER DRIVE STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 MARIE STREET ADDRESS DO NOT WRITE CITY-\$1-21P IN THIS SPACE RITLE NAME STREET ADDRESS TITLE NAME SEREET ADDRESS CHY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED